C	-	5	C	
0	1)	I	6	

1. PLACE OF DEATH	
County St. Marys	Registration Dist. No.
Village or City Charlotte Hall	No. St., Ward
(II	death occurred in a hospital nr institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrsmosds.
1 1' 1-	Priocol
(a) Residence: No. Charlotte Itall (Usual place of abode)	St., — Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Therefore A married Married	21. DATE OF DEATH (Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of George Briscoe	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 8. 22.00	I lost saw h alive on July 18 44 , 19.36; deeth is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 7.30 fm.
35 // 2/ 1 aay,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Puleu Tulkrauloses 1934
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town). Sharlatte Hall md.	Other Contributory Causes of Importance:
(State or country)	
13. NAME William Thmas	
14. BIRTHPLACE (city or town Lastern Show of Mal.	Neme of operation
(State or country)	What test confirmed diagnosis Physical Brown, Was there an autopsy? No.
15. MAIDEN NAME mally speaks.	23. If death was due to external ceuses (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Sh. Mary Co.	Accident, sulcide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Horses & Thomas (Address)	Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Charlotte Hall Date aug 14, 1936	Manner of injury
19. UNDERTAKER College Janton Md (Address) Michaeleswille Md	24. Was disease or injury In eny way related to occupation of deceased?
20. FILED aug 14 , 1936 Levis Jos Roson - Registrar.	(Signed) D. St. C. face pose M. D. (Address) La Plata Mai

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example · I		Example II		
The principal cause of death and re of importance were as follows:	lated causes Date of or	The principal cause of death and related causes of importance were as follows:	ate of onset	
Arteriosclerosis OFD A	1936 1918	5 Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	1 Run over by street car	1 week ago	
Cerebral hemorrhage	U V. S. July 5,1	1927 Peritonitis	3 days ago	
and the second s				
Other contributory causes of impor	tance:	Other contributory causes of importance:		
Gallstones	May 1,1	1923 Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1 week ago
1 week ago
3 days ago

Portance:
1 year

BINDING

ARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 8518
1. PLACE OF DEATH	34) 0 0
County of manys o	Registration Dist. No.
Village or City flaw maddox	No. St., War f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	sds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Mary Lucy Chand	les
(a) Residence: No. St- May Ov. m.	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX remule 4. COLOR OR RACE OR DIVORCED (write the word) Take manual	21. DATE OF DEATH Aug. 12
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Nelyses Grant Chandler	22. RILLER EBY CERTIFY, That I attended deceased fro
6. DATE OF BIRTH (month, day, and year)	
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
32 (- 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trada profession or particular	Clerts glam o- Lexhout ling 1
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occurrence work and the state of the sec	Wente the falter buy 10
10. Date deceased last worked at this occupation (month and year) occupation control occu	(Wath assured newlynni)
12. BIRTHPLACE (city or town) Palifory, &a., (State or country)	Other Contributory Causes of importance:
13. NAME David King	- Danie
13. NAME David King 14. BIRTHPLACE (city or town) 2 Lalifold I.	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lina Prior	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Lina Brion 16. BIRTHPLACE (city or town) Halifux Va. (Stata or country)	Accident, suicide, or homicide? Data of injury, 19
17. INFORMANT Mysses Grand Chandler	Where did injury occur? (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	
Place I John Wesley Date aug 14, 1936	Manner of injury
19. UNDERTAKER Q. C. Welch	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
(Address) Masking	If so, specify
20. FILED 1926 C. The Court	(Signed) And Market Mar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 3036	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5, 1927	Peritonitis	3 days ago
30			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1		
ż	N. S.—WRITE PLAINLY, WITH UNFABING INK—THIS IS A PERMANENT CORD. Every	IS A PERMANENT CORD. Every
1	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	stated EXACTLY. PHYSICIANS
1	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement	properly classified. Exact statement
1	TION is very important. See instructions on back of certificate.	certificate.

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 8519
County St Mary	Registration Dist. No. 28
Village or City At Groups dolars	
Length of residence in city or town where death occurred 50 yrs.	nos. ds. How long in U. S. if of foreign birth? yrs. mos. ds
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DAVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year)	22. I, HEREBY CERTIFY. That I attended deceased from 1936, to July 5, 1936; death is sail
6. DATE OF BIRTH (month, day, and year)	-
74 10 97 1 day,h	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
* Trade, profession, or particular	were as follows: Date of onse
kind of work done, as SPINNER, well dieler	Dysentera, bacilla 7/19/3
SAWYER, BOOKKEPER, etc 9 Industry or business in which work was done, as SILK MILL, Attack Well SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month) and the sound in the so	
10. Date deceased last worked at this occupation (month and this occupation for this pear)	
(State or country)	Other Contributory Causes of Importance:
13. NAME WM Clark 14. BIRTHPLACE (city or town)	- Mulist regungalation 1929
14. BIRTHPLACE (city or town)	Neme of operation
(State of country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19 Where did Injury occur?
17. INFORMANT Golden Clark (Address) It by was Island Ma	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. Garges Estand Dete Decg. 7, 1936	Manner of Injury
19. UNDERTAKER UM C Maftengley (Address) Long down me	24. Wes disease or Injury In any way related to occupation of deceased? If so, specify
20. FILED Jug 6, 1936 By Bear MS	(Signed) Mills Mid

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Reguesting V. S. No. 1.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FFFFIVED		1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 9 1936	July 5,1927	Peritonitis	3 days ago
4	DUSEAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

CTATE	OF	MADM	ANID	CEDTI	FICAT	TE OF	DE	ATL
SIAIL	UF	MARYL	AND-	CERII	FICA		DE	

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0	0	2	1	

1. PLACE OF DEATH	(146)
County H. Mary's	Registration Dist. No. 287
Village or City / Inach form	No. It. Mucy Dophes Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	nosds. How long in U.S. il ol foreign birth?yrsmosds.
2. FULL NAME of ouise Hoyden	Clarke
(a) Residence: No. Haceewood	St. Ward.
(Usua)place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Cheeg 29
o maine	(Month) (Dey) (Year)
Sa. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIEY, That I attended deceased from
(or) WIFE of Bruest Celarke	lucy 28 1936 to lucy 29 1936
6. DATE OF BIRTH (month, day, and year) Ques, 16, 1895	I last saw half alive on live of 29 19 36 death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 3. Pm.
1 day,h	
8. Trade, profession, or particular	Date of one of
NO SAWYER, BOOKKEEPER, etc	Bolas Isla
4 9 Industry of Dusiness in Which	
SAW MILL, BANK, etc	- Bounding Bleau
SAW MILL, BANK, etc	A
year) occupation/_O	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	- Leole
13. NAME / Calent C. 1703 deep	
14. BIRTHPLACE (city or town) MA	Name of operation Dete of
(State of country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Well Atland	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME CLEEK FEATA 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
State or equality)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE
17. INFORMANT CASSELL CLOCKS	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) / tally wood,	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece 1. L. Date 0. 15	Nature of Injury
19. UNDERTAKER 4 74 6. Maring &	24. Was disease or injury in any way related to occupation of deceased?
(Address) Louarto to	If so, specify
20 FILED 8 /29 1036 Campley	(Signed) Alf (Millelle M.D.
Registrar.	(Address) XLOUALADOM)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ALL ALL V.	المسا		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

8521

1. PLACE OF DEATH	(8)20
County Stmory	Registration Dist. No. 2 8/
Village or City Boveline	NoSt.,Wa If death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME A scaphie Orl (a) Residence: No. 1 Ble chrele	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Poseealo Ce OR DIVORCED (quite the word)	(Mongh) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of most Cle	22. I HEREBY CERTIFY, That I attended deceased from
m . 27 1621	Ciery 26 , 1936, to Cicy 26 , 193
6. DATE OF BIRTH (month, day, and year) // (ay 23) /876 7. AGE Years Months // Days If LESS than	I last saw har alive on Cara & L., 19 3 L; death is sa
59 3 1 dey,hrs.	were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER 7	Tralyses, Date of one
kind of work done, as SPINNER Australia SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	- Primary Cause: Cerebral Lemershage
work wes dona, as SILK MILL, SAW MILL, BANK, etc.	Awration: 24 hours, Olyfor
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Berchice	Other Contributory Causes of Importance:
(State or country)	
13. NAME No ce Smallword 14. BIRTHPLACE (city or town) Be while	
(State or country)	Neme of oparation
144	What test confirmad diagnosis? Was there an autopsy?
10. MAIDEN NAMES CHILLIER Vallet	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Seculta Foresh 16. BIRTHPLACE (city or town) Baulila (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT MOTE See	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. Kulm Cees, Date (2), 19.32	Manner of injury
19. UNDERTAKER E. T. Pricinal	Nature of injury 24. Was diseasa or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED aug 26, 19-36 De Ser de Registrar.	(Signed) M. (Address) M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Ex	ample I		Example II	
The principal cause of deat of importance were as follo	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SFR 5 100	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	OCL O TAN	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gaustones		May 1,1923	Gastroenteritis	1 year
				Part Head

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

properly

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(ARGIN RESERVED FOR BINDING

should state OCCUPA-Exact statement certificate. CAUSE OF DEATH in plain terms, so that it on mation should be carefully TION is

1. PLACE OF DEATH	145-0)
County & mans.	Registration Dist. No. 284
Village or City Feonaldtown md	No. St. Mays Tosptol St. Ward
(If	death accurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whera daath occurredyrs,mos.	ds. How long in U.S.\f of foreign birth?yrsmosds.
2. FULL NAME Margaret Jermetle Doug	las
(a) Residence: No. Deharlatte Trace	mak Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colored S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Marrie D	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of One of the state of	22. THEREBY CERTIFY, Thet I ettended decessed from 1936
6. DATE OF BIRTH (month, day, end year) March 19,1919	Has leaw her elive on aug 1 1 1930; daath Is said
7. AGE Yaers Months Deys If LESS than	to have occurred on the dete stated ebove, at 11307-m.
/7 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
8. Trade, profassion, or particular	Date of one of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was dona, es SILK MILL,	Lelvec Peritonitis July 2%
SAW MILL, BANK, etc.	9/936
O 10. Date deceasad last workad at this occupation (month end spear) occupation (month end year) occupation	
12. BIRTHPLACE (city or town) Many and	Other Contributory Causes of Importance:
(State or country)	Past-bastum
13. NAME Patrick Gras.	
	Neme of operation Deta of
4 14. BIRTHPLACE (city or town) (Stata or country)	What test confirmed diagnosis?
15. MAIDEN NAME Manais Strokers.	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:
M marsa 2	Accidant, suicide, or homicida?
16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
17. INFORMANT Charlacter Drall med.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Byran Cown Date Cluz 4, 1936	Menner of Injury
an an	Nature of Infury
19. UNDERTAKER Elmer C. Jarfae. (Address) Wich. Sud.	24. Was disease or injury in any wey related to occupation of decessed?
20. FILED Quag 3 , 1986 levis JSorkone Registrar.	(Signad) Mayajus C. Welch. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

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	Example I	Las har say under described on the say of th	Example II	
The principal cause of dof importance were as for	eath and related cau	SCS Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	OFD A 102	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephriti	3	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUKEAU V	S July 5,1927	Peritonitis	3 days ago
Other contributory cause	es of importance:		Other contributory causes of importance:	-
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STAT	FEMENTS BY	PHYSICIAN
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V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	524
1. PLACE OF DEATH		(Via)	
County St Marys		Registration Dist. No. 28/	
Village or City Lall Lim	bus	NoSt.,	Ward
Length of residence in city or town where deat	of the first tentant of the lates to the second	death occurred in a hospital or institution, give its NAME instead of street and number ds. How long in U.S. if of foreign birth?	
0 0 1	0.11		
2. FULL NAME Infant	fordard	OI W. A	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State	B
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oav) (Oav)	(Year)
5a. If married, widowed, or divorced HUSBANO of			
(or) WIFE of		22. I HEREBY CERTIFY, That I attended decer	ased from
6. DATE OF BIRTH (month, day, and year) ang	-13,1936	Hast saw had alive on aug 13 1936; de	ath is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	011110
	1 day,hrs. or_/_Omin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	te of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	00.4	D. 4	//
9. Industry or business in which		Signatury ourles	13/16.
work was done, as SILK MILL, SAW MILL, BANK, etc		Macanta previa	
10. Date deceased lest worked et this occupation (month and yeer)	11. Totel time (years) spant in this occupation		
12. BIRTHPLACE (city or town) Lell Li	mbers	Other Contributory Causes of Importance:	
(State or country) Md			
13. NAME Joseph B 9	oddard		
14. BIRTHPLACE (city or town)	Coint	Name of operation Oate of	
(State of country)	el	Whet test confirmed diagnosis? Was there an autop	sy?
15. MAIOEN NAME Ruby M. J. 16. BIRTHPLACE (city or town) - Name (Stella or country)	Compson	23. If death was due to external causes (VIOL ENCE) fill In also the following:	
[16. BIRTHPLACE (city or town) My	ne	Accident, suicide, or homicide? Oate of injury	, 19
(State or country)	2	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Ruby J Godard Medicas)		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	0	Manner of injury	
Place Some near tell dunk	Oate Mig 12, 1936	Nature of injury	
19. UNDERTAKER Jaseph B. Golo	land	24. Wes disease or injury in any way related to occupation of deceased?	
(Address) Tall Limber	s md	If so, specify	
20, FILEO Aug 13, 1936	African Mo	(Signed) (Address) Great Mills Mid	M, D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

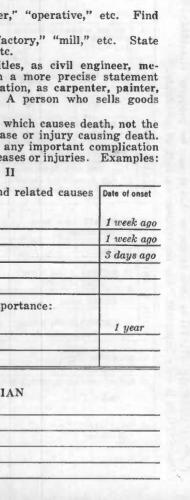
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The principal cause of death and related causes f importance were as follows: ttack of epilepsy fun over by street car veritoritis	1 week ago 1 week ago 3 days ago
eritonitis	3 days ago
	o days ago
ther contributory causes of importance:	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY
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state OCCUPA

plnods

1. PLACE O

County_ Village or (

Length of res

(a) Resider

PERSON

2. FULL NA

5a. If married, widow HUSBAND of (or) WIFE of

6. DATE OF BIRTH

Trada, profe

12. BIRTHPLACE (city or tow (State or country)

15. MAIDEN NAME

13. NAME

17. INFORMANT ..

19. UNDERTAKER

(Addrass)

(Addrass)

9 Industry or

kind of

SAWYER

10. Date deceesed last worked at this occupation (month and

(State or Country

16. BIRTHPLACE (city or town (State or country)

18. BURIAL, CREMATIONS OR REMOVAL

20. FILED. UMA 31. 19.3

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

OF

TION is CAUSE mation

-WRITE

V. S. No.

STATE OF MARYL	AND-C	CERTIFICATE OF DEATH 8525
DEATH		0000
		2.3
mary		Registration Dist. No. 28
Dansen		No. St., Ward
	(If d	death occurred in a hospital or institution, give its NAME instead of street and number)
ce In city or town where death occurredyrs	smos	ds. How long in U.S. if of foreign birth?yrsmosd
: Mosa Isota	00	Tordan
X	e le le	
No. (Usual place of abod		St., Ward.
	-,	If nonresident give city or town and State
AND STATISTICAL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE 5. SINGLE, MARRIED, VOR DIVORCED (write	WIDOWED,	21. DATE OF DEATH
Cre See !	r tile word)	Clear 3/ , 193 L
or divorcad		(Month) (Day) (Year)
S		22. 1 HEREBY CERTIFY, That I attended deceased fro
Delegle		aces 1 , 19 36, 10 acy 31 , 19 36
th, day, end year) Sept. 26, 191	4	I last saw h 2 elive on 3 1906; daath is sa
	LESS than	
1 days		to have occurred on the data stated above, atm.
or	min.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
or particular		413/ Vings
dona, as SPINNER DETTER LEE	,	
nass in which		

What test confirmed diagnosis?_____ Was there an autopsy?_ 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?______ Date of injury______ 19. Whare did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Menner of injury 24. Was diseese or injury in any way related to occupation of deceesed?_____ If so, specify _ (Signad).

If more blanks are negled, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

11. Totel time (yeers)

spent in this

occupation ____

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 5 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully B.—WRITE PLAIN

1. PLACE OF DEATH	0
County Still augus	Registration Dist. No.
Village or City the a dolot use	No. St. Ward
11 9	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence Imcity or town where deeth occurredyrs,	mosds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME JAMES Warren	/ Little S. Veteran, specify WAR
(a) Residence No. But (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE	
OR DIVORCED (write the wor	193
5a. If married, widowed, or divorced	(Month) (Day) (Yest)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
	5-4- ,1926, to 5-11- ,1936
6. DATE OF BIRTH (month, day, and year) 5-22-191	1 8 I last saw h alive on 8 / 0, 19.3 _C; death is said
7. AGE Years Months Days If LESS th	
18 2 19 1day,min	I HE FRINGIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	Tylhord Jen 8-1-5
kind of work done, as SPINNER Leften W	
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month end year)	
1 confirmation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Willa Sterioses
(State or country)	75
13. NAME and Wase fully 14. BIRTHPLACE (city or town) was dolong	
2 14. BIRTHPLACE (city or town) was also	Neme of operation Dete of
(State of country)	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME AND MALICALE 16. BIRTHPLACE (city or town).	23. if death wes due to externel ceuses (VIOLENCE) fill in eiso the foilowing:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury,19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT James W. Stylbers (Address)	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 2 accepte and ate 5-13, 19.	3.4 Nature of injury
1 P mala	24. Was disease or injury in any wey related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
S 11 21 W 10 Colors	(Signed) / W/ V Valence M.
20. FILED 8 - 1934 Registre	

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المسار	Example I	Example II		
The principal cause of de of importance were as fol	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	SEF (199	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephrilis	, 51 G	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes	s of importance:	M 1000	Other contributory causes of importance:	
Gausiones		May 1,1923	Gastroenterius	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CTATE	OF	MADVI	VVD-	CEDTII		FOF	DEATH
SIAIL		MAL	AIND	CLIVIII	ICAI		DLAIII

1. PLACE OF DEATH	,	(19)	,
County A. Mele	ey p	Registration Dist No. 2	800
Village or City Deore	down	No. 11- flace's Horpital	Ward
Times of only (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		If death occurred in a horpital or institution, give its NAME instead of street ar	d number)
Length of residence in city or town where d	eath occurredyrsm	os. ds. How long In U.S. if of foreign birth?yrs	_mosds
2. FULL NAME Mure	ta aleur	nally	
(a) Residence: No.	ela wood	St. Ward.	
(4) 11001401100. 1101-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	(Usual place of abode)	If nonresident give city or town	and State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 6
5a. If married, widowed, or divorced HUSBAND of			(1001)
(or) WIFE of		22. I HEREBY CERTIFY That I ettend	ed deceased from
(0	0.211	1 Del 10, 1936, to leg 1	9 , 1926
6. DATE OF BIRTH (month, day, end year)	leg 22, 1995	I last sew h elive on 195	a; deeth is said
7. AGE Years Months	Days If LESS than I day,hrs	to have occurred on the date steted above, atm.	
	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,			Date of onset
SAWYER, BDDKKEEPER, etc.			
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc		Hastro Wellrichs	/ Meg
SAW MILL, BANK, etc	11. Total time (years)	(
this occupation (month and year)	spant in this		
700	d	Other Contributory Causes of Importance:	1 1 1 1 1
12. BIRTHPLACE (city or town)	0	- Completion of the second	
(State or country)	.0-	- Difference	
14. BIRTHPLACE (city or town)	acey)		
4 14. BIRTHPLACE (city or town)	4	Neme of operation Dete o	
(State or country)	1000	What test confirmed diagnosis? Was there a	n autopsy?
15. MAIDEN NAME CELES 16. BIRTHPLACE (city or town) (State or country)	urepleason	23. If deeth wes due to external causes (VIOLENCE) fill in elso the follow	ring:
16. BIRTHPLACE (city or town)	d.	Accident, suicide, or homicide? Date of Injury	, 19
∑ (State or country)		Where did injury occur?	
17. INFORMANT Mrs. Jalehr (Address)	n Jusque	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	
18. BURIAL, CREMATION, OR REMOVAL	Date 8/20 , 19 34	Manner of Injury	
19. UNDERTAKER / Sty O. (Address)	Matterens	24. Was disease or injury in any way related to occupation of deceased?	Mi
20, FILED 8/20 , 1996 C	leegleig Registrar.	(Signed) last a	er My

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	- 4	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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S. No. 1 m OCCUPA-

	STATE OF MARYLAND	——— (S)
	county St Marys	Registration Dist. No. 28/
	Village or City California	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	2. FULL NAME In fant Langley	mosds. How long in U.S. if of foreIgn birth?yrsmosds.
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE OR DIVORCED (Write the wor	
5a	. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from 22 , 1936, to Gueg 22, 1936
6.	DATE OF BIRTH (month, day, and year) lug 22, 1936	I last sew had elive on dang 22 , 1936; death is said
7.	AGE Years Months Days If LESS the 1 dey,	hrs. The PRINCIPAL CAUSE OF DEATH end related ceuses of Importence
OCCUPATION	8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Prinatuse birth 8/22/
UPA	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	(Placenter privia)
000	10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation	
12	2. BIRTHPLACE (city or town) California (State or country)	Other Contributory Causes of importence:
IER	13. NAME Lavid & Langley	
FATHER	14. BIRTHPLACE (city or town).	Name of operation Dete of
8		Whet test confirmed diagnosis?
MOTHER	16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?
17	(Address) California, Ind	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18	B. BURIAL, CREMATION, OR REMOVAL Piace Home, new California, Made Aug 22, 19	Manner of Injury
19	UNDERTAKER David 9 Langley. (Address) California Md	24. Was disease or Injury In eny way related to occupetion of deceased?
20). FILED aug 22, 1926 PARion MD	(Signed) M. D.

(Address) __ (A)

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP D 1800			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

8528

1. PLACE OF DEATH	
County & T. mary	Registration Dist. No. 2 14
Village or City Leanard Lawn	No. St. Mary Waspetal St., Wa (If death occurred in a hospital or institution, five its NAME instead of street and number)
Length of residence in city or town where death occurradyrs.	
2. FULL NAME George Wilmer Ma	attingly If U. S. Veteran, specify WAR
(a) Residence: No. Charlatte Wall	shed St. Ward.
(Usual place of abode	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W OR DIVORCED (write	the word) 21. DATE OF DEATH (Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	July 19 1936 to Ques, 17 193
5. DATE OF BIRTH (month, day, and year) (ung. 26-19	4
The state of the s	LESS than to have occurred on the data stated above, at . 605 P.m.
	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance ware as follows: Date of one
8. Trade, profassion, or particular	Date of one
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	Johnson 1800 18939
9. Industry or business in which work was dona, as SILK MILL, Marchant SAW MILL, BANK, atc.	() () () () () () () () () ()
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc 10. Data deceasad last workad at this occupation (month and spent in this	rs) /
yaar) - Guly 193 occupation	
12. BIRTHPLACE (city or town) Maryland	Drumoned
(State or country)	
13. NAME Wheel Kingoly Mallugly 14. BIRTHPLACE (city or town) Mary Con &	- yourne ges -
(Stata or country)	Name of operation Nov. Data of Data of
4 . 27 1	What tast confirmed diagnosis? Wildel Was there an autopsy? M
Men. 0- 0	23. If daath was due to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide?
A K ment la	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Charlette And	opening white in injury constitution in industry, in money, of the following region.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa mount gron Date Cery, 19	Nature of Injury
19. UNDERTAKER Elme 18. Jackage	24. Was disaese or injury in any way related to occupation of deceased?
(Addrass) Chaptico md.	If so, spacify
20. FILED aug 19, 1936 Levra Joahn	(Signed) William M
1 '	Registrar. (Address)

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Example I		Example II				
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago			
Annual Control of the						
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			
			-			
	1					

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BX	PHYSICIA

1. PLACE OF DEATH	(2)
County of march	Registration Dist/ No.
Village or City Leonas allown	No. It mary Host St., Ward
Length of rasidence in city or town whara daath occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foraign birth?
2. FULL NAME Swell Fire File	iles Ir
(a) Residence: No.	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED Sorice the word)	21. DATE OF DEATH Guy 2/ (Oav) (Page)
5a. If marriad, widowad, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That i attanded dasesed from
6. DATE OF BIRTH (month, day, and year) June 17 1920	I last saw Anna alive on Cose 21 1/ 1936; daath is said
7. AGE Yaars Months Oays If LESS than	to have occurred on the data stated above, at m.
16 2 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trada profession or particular	wera as follows: Oate of one et
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Hank Onemword Brouche Gunto
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Data decaased last workad at this occupation (month and	
SAW MILL, BANK, atc.	
O 10 Data decaased last workad at this occupation (month and year)	
172	Othar Contributory Canses of importance
12. BIRTHPLACE (city or town) (State or country)	after alchomy & ahusonautiti
	- Lag
13. NAME 13. NAME 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
The state of the s	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sold Stranger	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?
(State of County)	Whare did Injury occur?(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Cass Jadys Chriffelf Oata Cass 23, 19 36	Nature of injury
0-20x 1 2 -11. 11	0. ~~
19. UNOERTAKER A A A A A A A A A A A A A A A A A A A	24. Was disease or injury in any way ralated to occupation of decaasad?
1 22 21 4 6 0 0: 7	(Signad) T T Transaction M.B.
20. FILEOLUIA 23, 1936 T. a. Camsler M.	(Address) V To an all record had

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	Example I		Example II				
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	EIVED	1915	Attack of epilepsy	1 week ago			
Chronic interstitial ne	ephritis	Run over by street car	1 week ago				
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago			
	DEREAU V. S.						
Other contributory	causes of importance:		Other contributory causes of importance:				
Gallstones		May 1,1923	ny 1,1923 Gastroenteritis				

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



MARGIN RESERVED FOR BINDING

V. S. No. 1

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. N. B.—WRITE PLAIN

STATE (OF MA	AND AND	-CERTIFICA	TF OF	DEATH	08756
SIAIL	JF IVIF	AKILAND	-CERTIFICA	IE OF	DEAIN	00100

1. PLACE OF DEATH										
	Co	unty S1.	illa	my s		Registration Dist. No. 286				
	Vil	lage or City	na	ed		No.		St.	Ward	
	(1					death occurred in a hospital or institution	-	E instead of street and	d number)	
	Ler	igth of residence In c	ity or town where	death occurred	yrsmos	ds. How long in U.S. if of fo	relgn birth?	угз	mosds.	
2	2. FU	LL NAME	Sul	Wor		liver				
	(a)	Residence: No.	In u	and		St., Ward.				
· ·	. ,		/	(Usual place		If nonresident give city or town and State				
_	PI	ERSONAL AN	D STATIST	ICAL PART	ICULARS	MEDICAL CER	RTIFICATE	OF DEATH		
3,	SEX	4. COLO	OR OR RACE	5. SINGLE, MAI	RRIED, WIDOWED,	21. DATE OF DEATH				
u	OR DIVORCED (write the word)					(Month)	(Day)	, 193 (Year)		
5a.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of								.,,,,,	
						22. I HEREBY		Y. That I attende	ed deceased from	
									, 19	
	6. DATE OF BIRTH (month, day, and year) 8 - ? - 3 6			I last saw h alive on	0	, 19.2.	.>=; death is said			
1.	AGE	Years	Months	Days	If LESS than	to have occurred on the date stated e The PRINCIPAL CAUSE OF DEATH	-			
_		0 0		ormin.		were as follows:	DEATH and related causes of Importance			
Z	8. Tr	ade, profession, or p kind of work done,	, profession, or particular nd of work done, as SPINNER, AWYER, BOOKKEEPER, etc.			1 ma	an	-1		
OCCUPATION		SAWYER, BOOKKEI dustry or business in				- John Many	Qui			
NP/	3. 111	work was done, es SAW MILL, BANK,	SILK MILL,			to fill				
S	10. Da	ite deceased last wo	rked at	11. Totel	time (years)	-				
0		this occupation (mo		sps	ent in this upation					
			u l	10 0		Other Coutributory Causes of Amporta	nce:			
12.		PLACE (city or town) late or country))	1.		- Uf may		-		
œ		AME Was	17.		al.					
FATHER	13. NA	ANIE W (W	un qu	nu ai	June					
FAT	14. B1	RTHPLACE (city or to	own)	1, 12 0		Name of operetion		Date of.		
_	1	(State or country)	1 1:5	+ 0	15) 16	Whet test confirmed diegnosis?		Was there ar	n autopsy?	
MOTHER	15. M/	AIDEN NAME/Le	un s	gable	Locoll	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?				
0	16. BI	RTHPLACE (city or to	own)	tork						
2	1	(State or country)	4	7		Where did injury occur?				
17. INFORMANT Martin Jamas Olivia (Address)					Miri	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.				
18.		L, CREMATION, OR	REMOVAL /			Manner of Injury				
	Pla	ce Il u	and	Date &	- >- 1930	Nature of injury				
		1		.01	-				(0, 0)	
19.		TAKERddress)	cara	- My	sign.	24. Was disease or injury In eny wey	releted to occup	pation of deceased?	VV 3	
-	(A)	duress)	7 10	Che Co		If so, specify	0.6			
20.	FILED_	7-7-	19.3 6 /	, V. 0 0	clum	(Signed)	11		M.D.	
1					Registrar.	(Address)			La Talente	

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related cof importance were as follows:	auses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1936 1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN

portance:

1 year

(AN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAtoand. Every item of infor-LY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLA V. S. No. 1

1. PLACE OF DEATH	OF MARYLA	NIND	CERTIFICATE OF DEATH	8530
County St mor			Registration Dist. No.	81
Village or City Screen	acel	(16	NoSt., death occurred in a hospital or institution, give its NAME instead of street a	14/
Length of residence in city or town where	death occurredyrs.	mos.		nd number) mosd
2. FULL NAME Jani	2 more	Than	e Silver?	
(a) Residence: Np. // 3 3 3	5 SIN	E. 1.	Ward.	1
V V	(Usual place of abode		If nonresident give city or town	
PERSONAL AND STATIST 3. SEX 4. COLOR OR RACE	1		MEDICAL CERTIFICATE OF DEATH	1
Fenan While	5. SINGLE, MARRIED, W OR DIVORCED (write		21. DATE OF DEATH (Month) (Day)	, 193 6 (Year)
5a. If married, widowed, or divorced HUSBAND of				114-17
(or) WIFE of	w V		10 1936 to State 2	
6. DATE OF BIRTH (month, day, and year)				C; death is sal
7. AGE Years Months	Days If I	LESS than	to have occurred on the date stated above, at 3 _ A _ m.	. ► . , death is sai
67		,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Laucen	· (Clegina Perlori,	Date of onse
<			·	
work was done, as SILK MILL, SAW MILL, BANK, etc				
10. Date deceased last worked at this occupation (month and year)	11. Total time (year spent in this occupation	rs)		
12. BIRTHPLACE (city or town) Real	- land		Other Contributory Causes of importance:	
(State or country)	Va			
13. NAME ATTO	Ineish.			
13. NAME AT THE STATE OF THE ST	elis from		Name of operation Date of	
(Stale or country)	ra		What test confirmed diagnosis? Was there a	
15. MAIDEN NAME Slave 16. BIRTHPLACE (city or town) Real	riest,		23. If death was due to external causes (VIOLENCE) fill in also the follow	
16. BIRTHPLACE (city or town)	rlow		Accident, suicide, or homicide? Date of injury	
(State or country)	Va		Where did Injury occur?	
17. INFORMANT Marie (Address) 1333 & Cr.	Whoh De	m	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE,
18. BURIAL, CREMATION, OR REMOVAL			Manner of injury	
Place Middle tory Va	Date Cuy, 3	,1936	Nature of injury	
19. UNDERTAKER (Address)	Auran	b /	24. Was disease or Injury In any way related to occupation of deceased?	*****
20. FILED Decg S. , 19 3 La	Jolie	9.	(Signed) July	
	Different blanks are needed, address Sta	Registrar.	(Address) Proper M	4.1

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis _ 1036	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SEP	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE	OF	MARVI	AND-CERTIFICATE	OF DEATH
SIAIL	UL	MARIL	AND-CERTIFICATE	OF DEATE

8531

1. PLACE OF DEATH		948		
County St Marys	, 	Registration Dist. No. 2 4 /		
Village or City Jale Je	mbers		St., Ward	
Length of residence in city or town where	death occurred yrs 2 m	ios. — ds. How long in U.S. if of foreign birth?		
2. FULL NAME Charles	Francis Lin	me to		
(a) Residence: No.		St., Ward.		
	(Usual place of abode)		nt give city or town and State	
PERSONAL AND STATIST	1	MEDICAL CERTIFICAT	E OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Dey) (Yeer)	
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Many	Lippett		FY That I attended deceased from	
6. DATE OF BIRTH (month, day, and yeer)	rch 8, 1846	I lest saw h transelive on	1926; death is sald	
7. AGE Years Months	Deys If LESS than 1 dey,hi	to have occurred on the dete steted above, et The PRINCIPAL CAUSE OF DEATH end related cerwere es follows:		
STrade, profession, or particular kind of work done, as SPINNER, WYER, BDDKKEEPER, etc	Ittende &		Date of onset	
kind of work done, as SPINNER, WYER, BDDKKEEPER, etc	ance fall	District of the state of the st	1.18.2.	
1D. Date deceesed lest worked at this occupetion (month end / 9.2)	11. Totel time (yeers) spent in this occupation			
P	11	Other Contributory Causes of Importence:		
12. BIRTHPLACE (city or town).	nd	7 1 100	1976	
置 13. NAME)			43	
14. BIRTHPLACE (city or town)		Neme of operation	Dete of	
(State or country)	oun	What test confirmed diegnosis?	Wes there en eulopsy?	
15. MAIDEN NAME Constant of 16. BIRTHPLACE (city or town)	heale	23. If death wes due to external ceuses (VIOL ENCE)	fill in also the following:	
16. BIRTHPLACE (city or town) (State or country)	undtown	Accident, suicide, or homicide? Where did injury occur?		
17. INFORMANT Addie (Address)	La Mal	(Specify city of Specify whether Injury occurred in INDUSTRY, in H	or town, county and State) HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Sun Kadys Ceme	luspate dug 10, 1926	Manner of injury		
19. UNDERTAKER Lone M. (Address)	attengly	24. Was disease or injury In eny way related to occul)_	
20. FILED aug 2, 1935	Alexander Registrar.	(Signed) (Address) Freat My	M.D.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of importance were a	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SEP 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	ritis .	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF DEAT Village or City Length of residence in city or town where death occurred (a) Residence: No PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5e. If merried, widowed, or divorced HUSBAND of CERTIFY. Thet I ettended deceesed from 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Deys If LESS than to have occurred on the date stated above, a 1 dey,.....hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of importence or min. Date of onset 8. Trade, profession, or particular PATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.____ 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 11. Total time (years) 10. Date deceased last worked at this occupation (month and spant in this occupation_ 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town Neme of operation (State or country) ----- Was there en autopsy?__. MOTHER 15. MAIDEN NAME 23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 16. BIRTHPLACE (city or town (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL Manner of Injury Neture of injury. 24. Was disease or injury in any wey related to occupation of deceased? 19. UNDERTAKER If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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		Annes ne se estado de la composição de l	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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FATHER 13. NAME Nema of operation 14. BIRTHPLACE (city or town) (State or country) What test confirmed diegnosis? Was there en autopsy? M.D. MOTHER 15. MAIDEN NAME 23. If death was dua to external ceuses (VIOL ENCE) fill in elso the following: Accident, suicida, or homicide?______ Date of injury______ 19___ 16. BIRTHPLACE (city or town)_____ (Stata or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Menner of injury 23 . 1936 Nature of Injury_ 24. Was disease or injury in any way related to occupation of deceased? If so, specify_ (Signed)... Registrar.

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Cerebral hemorrhage	5EP 0 1090	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year